

PRE-PLANNING FOR ASBESTOS/NON-ASBESTOS INSULATION REMOVAL OPERATION

DATE

J. O. NO.

LOCATION

PERSONNEL RECEIVED TRAINING

☐ YES☐ NO

EMPLOYEES ASSIGNED

ENVIRONMENTAL CONTROLS AND PERSONNEL PROTECTION INFORMATION

	A	B	N/A	C-120 VERIFICATION
a. Drop cloths/Containment	X			
b. Warning signs/Ropes	X			
c. Vacuum cleaner with HEPA filters	X			
d. Water spray, Hose and Nozzle	X			
e. Poly bags/Plastic bags/Labels	X			
f. Ship's ventilation, checked & secured		X		
g. Dust collector/HEPA filters		X		
h. Decontamination procedure		X		
i. Air sampling required			X	

	A	B	N/A	C-120 VERIFICATION
a. Disposal procedures	X			
b. Establish boundaries	X			
c. Air-Line respirator, Type C		X		
d. Dust respirator/Goggles				
e. Gloves (Rubber and Cotton)		X		
f. Rubber boots or Shoe covers		X		
g. Clean & dirty change rooms		X		
h. Disposal coveralls - Tyvek	X			

A - REQUIRED

B - RECOMMENDATION

MUST/SHALL

CAN/MAY/SHOULD

YOU ARE REQUIRED TO FOLLOWING THE PROCEDURES OUTLINED IN

☐ P. I. NO. 635 - ☒ ASBESTOS MATERIAL/NON-ASBESTOS MATERIAL

IF

I fully understand that the above requirements/conditions shall be in effect and remain in effect until such time that the compartment, space, etc, has been certified clean.

VISUAL INSPECTION

RED _____ GREEN _____ LABELED _____

SHOP/CONTRACTOR _____

NAME _____

SIGNATURE

NON ASBESTOS